



State of California

Secretary of State

FILE NO. _____

NOTICE OF A JOINT POWERS AGREEMENT

(Government Code Section 6503.5 or 6503.7)

Instructions:

1. Complete and mail to: Secretary of State, P.O. Box 942877, Sacramento, CA 94277-0001 (916) 653-3984
2. Include filing fee of \$1.00.
3. Do not include attachments, unless otherwise specified.

(Office Use Only)

The name of the agency or entity created under the agreement and responsible for the administration of the agreement is: _____

Mailing Address: _____

Provide a short title of the agreement if applicable: _____

The public agencies party to the agreement are:

(1) _____

(2) _____

(3) _____

If more space is needed, continue on a separate sheet and attach it to this form.

The effective date of the agreement is: _____

Provide a condensed statement of the agreement's purpose or the powers to be exercised: _____

Date

Signature

Typed Name and Title